

# **Nursing Home CAHPS®**

**Mail Survey – Short Stay Discharge**

**April 14, 2005 pm Draft  
Not for Circulation**

**Legend: M# indicates merged question order  
QoL # indicates question # from Quality of Life items (Round 2)  
QoC # indicates question # from Quality of Care (Sept. 2003) items**

**This questionnaire may not be used without permission.**

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NOTE: THERE WILL BE A LABEL ON THE COVER OF THE INSTRUMENT THAT IS INTENDED TO ORIENT THE RESPONDENT TO THE NURSING HOME OF INTEREST. IT WILL INCLUDE NAME OF NURSING HOME AND DATE OF DISCHARGE. THE DATE WILL BE LABELED AS "APPROXIMATE"

**Please answer the questions in this survey about your stay in the nursing home names on the cover. Do not include any other nursing home stays in your answers.**

1. For the following questions, use any number from 0 to 10 where 0 is the worst possible and 10 is the best possible.

What number would you use to rate the food at the nursing home?

\_\_\_\_\_ (0-10)

2. Did you ever eat in the dining room?

☐ YES

☐ NO (SKIP TO 4)

3. When you ate in the dining room in the nursing home, what number would you use to rate how much you enjoyed mealtimes?

\_\_\_\_\_ (0-10)

4. What number would you use to rate how comfortable the temperature was in the nursing home?

\_\_\_\_\_ (0-10)

5. Think about all the different areas of the nursing home. What number would you use to rate how clean the nursing home was?

\_\_\_\_\_ (0-10)

6. What number would you use to describe how safe and secure you felt in the nursing home?

\_\_\_\_\_ (0-10)

7. Think about all the different kinds of medicine that help with aches and pain. This includes medicine prescribed by a doctor, as well as aspirin and Tylenol. When you were in the nursing home, did you ever take any medicine to help with aches or pain?

☐ YES

☐ NO (SKIP TO 10)

8. Thinking about when you were in the nursing home, what number would you use to rate how well the medicine to the help with aches or pain worked?

\_\_\_\_\_ (0-10)

9. What number would you use to rate how well the nursing home staff helped you when you had pain?

\_\_\_\_\_ (0-10)

10. What number would you use to rate how quickly the nursing home staff came when you called for help?

\_\_\_\_\_ (0-10)

11. When you were in the nursing home, did the staff help you get dressed, take a shower, or go to the toilet?

☐ YES

☐ NO (SKIP TO 13)

12. What number would you use to rate how gentle the nursing home staff were when they helped you?

\_\_\_\_\_ (0-10)

13. What number would you use to rate how respectful the nursing home staff were to you?

\_\_\_\_\_ (0-10)

14. What number would you use to rate how well the nursing home staff listened to you?
- \_\_\_\_\_ (0-10)
15. What number would you use to rate how clearly the nursing home staff explained things about your care to you?
- \_\_\_\_\_ (0-10)
16. Overall, what number would you use to rate the care you got from the nursing home staff?
- \_\_\_\_\_ (0-10)
17. When you were in the nursing home, did you see any doctor for medical care?
- ☐ YES
- ☐ NO (SKIP TO 19)
18. Thinking about when you were in the nursing home, what number would you use to rate the medical care you got from doctors?
- \_\_\_\_\_ (0-10)
19. When you were in the nursing home, did you have any special therapy, such as physical, occupational, or speech therapy?
- ☐ YES
- ☐ NO (SKIP TO 21)
20. Thinking about when you were in the nursing home, what number would you use to rate the special therapy you got?
- \_\_\_\_\_ (0-10)

21. Is religion a part of your life?

☐ YES

☐ NO (SKIP TO 23)

22. When you were in the nursing home, what number would you use to rate how well the nursing home helped to meet your religious needs?

\_\_\_\_\_ (0-10)

23. Overall, what number would you use to rate the nursing home?

\_\_\_\_\_ (0-10)

24. When you were in the nursing home, was the area around your room quiet at night?

☐ YES

☐ NO

☐ SOMETIMES

25. When you were in the nursing home, were you bothered by noise in the nursing home during the day?

☐ YES

☐ NO

☐ SOMETIMES

26. When you were in the nursing home, did you have any visitors?

☐ YES

☐ NO (SKIP TO 28)

27. When you had visitors in the nursing home, could you find a place to visit in private?

☐ YES

☐ NO

☐ SOMETIMES

28. The way a room is set up can make it easier or harder for a person to move around and reach things. When you were in the nursing home, was your room set up so you could get the things you needed by yourself without help from another person?
- ☐ YES  
☐ NO  
☐ SOMETIMES
29. When you were in the nursing home, could you turn yourself over in bed without help from another person?
- ☐ YES (SKIP TO 31)  
☐ NO
30. When you were in the nursing home, were you ever left sitting or laying in the same position so long that it hurt?
- ☐ YES  
☐ NO  
☐ SOMETIMES
31. When you were in the nursing home, did the staff help you dress, take a shower or bathe?
- ☐ YES  
☐ NO (SKIP TO 33)
32. When you were in the nursing home, did the staff make sure you had enough personal privacy when you dressed, took a shower, or bathed?
- ☐ YES  
☐ NO  
☐ SOMETIMES
33. When you were in the nursing home, could you choose what time you went to bed?
- ☐ YES  
☐ NO  
☐ SOMETIMES

34. When you were in the nursing home, could you choose what clothes you wore?
- ☐ YES  
☐ NO  
☐ SOMETIMES
35. When you were in the nursing home, could you choose what activities you did there?
- ☐ YES  
☐ NO  
☐ SOMETIMES
36. When you were in the nursing home, did any volunteers or staff talk with you about what kinds of activities you like to do?
- ☐ YES  
☐ NO  
☐ SOMETIMES
37. When you were in the nursing home, were there enough organized activities for you to do on the weekends?
- ☐ YES  
☐ NO  
☐ SOMETIMES
38. When you were in the nursing home, were there enough organized activities for you to do during the week?
- ☐ YES  
☐ NO  
☐ SOMETIMES
39. Would you recommend the nursing home to others?
- ☐ DEFINITELY NO  
☐ PROBABLY NO  
☐ PROBABLY YES  
☐ DEFINITELY YES

40. These next questions are about how you felt when you were in the nursing home.

First, we want to know how you felt about your life when you were in the nursing home. Use any number from 0 to 10 where 0 is the worst possible and 10 is the best possible. What number would you use to rate your life then?

\_\_\_\_\_ (0-10)

41. When you were in the nursing home, how often did you feel worried?

- ☐ [ ] OFTEN
- ☐ [ ] SOMETIMES
- ☐ [ ] RARELY
- ☐ [ ] NEVER

42. When you were in the nursing home, how often did you feel happy?

- ☐ [ ] OFTEN
- ☐ [ ] SOMETIMES
- ☐ [ ] RARELY
- ☐ [ ] NEVER

43. In general, how would you rate your overall health?

- ☐ [ ] EXCELLENT
- ☐ [ ] VERY GOOD
- ☐ [ ] GOOD
- ☐ [ ] FAIR
- ☐ [ ] POOR

44. Are you male or female?

- ☐ 1 Male
- ☐ 2 Female

45. What is the highest grade or level of school that you have completed?

- ☐ 1 8<sup>th</sup> grade or less
- ☐ 2 Some high school, but did not graduate
- ☐ 3 High school graduate or GED
- ☐ 4 Some college or 2-year degree
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree



**46.** Are you of Hispanic or Latino origin or descent?

- ☐ <sub>1</sub> Yes, Hispanic or Latino
- ☐ <sub>2</sub> No, not Hispanic or Latino

**47.** What is your race? Please mark one or more.

- ☐ <sub>a</sub> White
- ☐ <sub>b</sub> Black or African-American
- ☐ <sub>c</sub> Asian
- ☐ <sub>d</sub> Native Hawaiian or other Pacific Islander
- ☐ <sub>e</sub> American Indian or Alaska Native
- ☐ <sub>f</sub> Other (Please print.)

**48.** Did someone help you complete this survey?

- ☐ <sub>1</sub> Yes → **If Yes, Go to #49**
- ☐ <sub>2</sub> No → **If No, Please return the survey in the postage-paid envelope**

**49.** How did that person help you? (Check all that apply.).

- ☐ <sub>a</sub> Read the questions to me
- ☐ <sub>b</sub> Wrote down the answers I gave
- ☐ <sub>c</sub> Answered the questions for me
- ☐ <sub>d</sub> Translated the questions into my language
- ☐ <sub>e</sub> Helped in some other way (Please print.)